

State of Maine
Department of Health and Human Services
Office of Adult Mental Health Services

ISP RDS
Frequently Asked Questions
February 17, 2006

General Questions related to the RDS:

1. How has the ISP (Individual Support Plan) changed?

- *The ISP is the Consumer's case management treatment plan, the data resource summary, and all other current treatment plans, and/or service agreements.*
- The Consumer's case management treatment plan form is the one used by your agency.
- The expectation is that the CSW will keep copies of the entire ISP in their records.
- The ISP resource data summary must be submitted electronically.
- The ISP resource data summary is completed for **both** Class and Non Class members.
- Agencies will no longer send ISPs to the Consent Decree office.
- Agencies will no longer send service agreements to the Consent Decree office.
- DHHS, thru the information entered on the data resource summary, will determine unmet needs.

2. If the 90 day Review is late, when is the next review date?

The next review is due 90 days from the date the late review was completed.

3. Do we continue to collect service agreements?

The CSW has the option of collecting a service agreement or a treatment plan for other services provided to the Consumer. If the services are provided within the agency providing the CSS and the CSW has electronic access to those plans, then neither a treatment plan nor a service agreement is necessary.

4. What paperwork must be submitted by providers during the month of February?

The Office of Adult Mental Health Services has placed a moratorium on submitting ISP paperwork to DHHS for the month of February. Providers must still complete 90 day and annual reviews with consumers but they do not submit either paperwork or the new ISP RDS for February. All agencies must be submitting the new ISP RDS for consumers starting with any reviews due as of March 1, 2006.

5. Date of “application” issue - if a person can’t be picked up within the timeframe, is there anything the agency can do?

The timelines are set forth in the Consent Decree plan and are the expectations of a functioning mental health system. This data collection process will provide stakeholders with data to analyze resource allocation and system needs, and any issues with those timeframes. We realize that the agency may not be able to control the timeliness of ISP information such as when a consumer does not keep appointments or if a guardian does not sign forms. The next steps in the Consent Decree are to set compliance standards. Thus, if it is expected that the ideal performance is that the timelines are met 100 % of the time, what is a reasonable measure for how well the system complies? Should providers be expected to meet the timeliness measure 80% of the time? 90 % of the time? The initial tracking of the data with both those that the agency can control and can’t control will be reviewed to provide a basis for this percentage.

MaineCare has a different time standard than the Consent Decree. The MaineCare Section 17 rules state that the “designated community support provider shall develop a comprehensive plan within 30 days of acceptance of a member for covered services, unless there is documentation in the member’s file that supports a clinical reason why the assessment was not done within 30 days”(Maine Care Benefits Manual Chapter 2, 17.07 d.). Since Consent Decree class members would be automatically eligible, the MaineCare rule would match the Consent Decree requirement. However, if this is a non class member, the MaineCare rule allows the provider 30 days to develop the ISP from date of acceptance, not date of application.

Licensing standards also require the ISP to be developed within 30 days of application (Maine Mental Health Standards CS.2.B page 33).

Rider E of the AMHS contract requires the ISP to be developed within 30 days of application.

6. What constitutes a “referral”? What if the person isn’t eligible?

A referral would be considered an application for service if the request was made in writing, in person, or by telephone, and was made by the consumer or someone acting on behalf of the consumer, and contained sufficient information for the agency to contact the

consumer. If the person is not eligible for service, then the ISP would not be completed.

**7. What happens if the consumer does not follow through with the ISP process?
How does the agency keep from being penalized for late services and reporting if the consumer is the one responsible for the delay?**

See answer to question 5. We are looking at an agency average and have yet to negotiate that percentage with the Court Master.

8. Can we clarify the annual in depth review requirement, as the year has 365 days and creates tracking problems with the 90 day update requirements?

We would urge providers to consider tracking annual reviews every 360 days and set the date 360 days from the last annual review. Thus, providers are able to plan and track the annual due date and will complete 90 day review within that timeframe. Examples:

If reviews are completed on an exact 90 day timeframe:

Annual ISP completed 01/20/06...next annual review due 01/15/07

90 day due 4/20/06

90 day due 07/19/06

90 day due 10/17/06

Annual due 01/15/07...

If one review is done late:

Annual ISP completed 01/20/06...next annual review due 01/15/07

90 day review due 4/20/06

90 day review due 7/19/06

90 day review due 10/17/06...completed 10/25/06 (eight days late)

Annual review still due 01/15/07..and next review due 90 days from 01/15/07.....

9. How is the completion date for the ISP RDS defined?

The ISP RDS is the last piece of the ISP package. The date the ISP is completed is the date by which the ISP was reviewed by the consumer and the provider, has been approved by a mental health professional (per MH Licensing) and has been signed by the guardian.

10. Will CDCs continue to do document reviews?

Yes, document reviews will continue.

11. What are Section 17 Services? Section 97 Services?

Sections 17 and 97 refer to Sections of the MaineCare Manual. Section 17 covers

Community Support Services and Section 97 covers Private Non-Medical Institution Services (PMNIs). The MaineCare Manual can be found on the website for the Secretary of State at:

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

12. What is the difference between Day Support and Daily Living Support Services and Skills Development Services?

Day Support Services, formerly known as “day treatment”, assist the consumer in the acquisition, retention, or improvement of self help, socialization, and adaptive skills. These services take place in an agency environment and are offered most often in a group setting. Daily Living Support Services are designed to help the consumer maintain the highest level of independence possible. The services provide personal supervision and therapeutic support to help the individual remain safe, oriented, and healthy. These services are typically provided in the individual's place of residence. Skills Development services are teaching based services that assist consumers to address their independence by learning the skills necessary to access community resources. Examples include: how to budget, how to use public transportation, and how to request workplace accommodations.

13. What if the guardian never signs the CSS treatment plan? The agency should set a time limit for guardian response, document the lack of signature, and submit the ISP RDS. Submission without the guardian signature is expected as long as the provider has a procedure in place and has documented it in the consumer’s record.

14. What will happen with wait lists? Should the agency refer the consumer elsewhere if they can’t provide service in the given timeframes? We are currently reviewing the wait list data collection process and hope to streamline it. Please continue with the current process until there is further instruction.

15. If the agency is out of compliance with the Consent Decree timeframes, will they be penalized by MaineCare? Licensing? Or AMHS contracting?

See question 4.

16. What if the consumer refuses to allow the agency to submit the ISP RDS to DHHS?

There is no specific requirement for the consumer to permit the release of information to DHHS. If the agency is receiving funding from DHHS, the agency must submit the data to DHHS.

Questions about information being entered onto the RDS

1. What about the Goals that can be met; the resource is there - but client either doesn't want to pursue immediately, or financially? Is this really an unmet resource need?

A resource need would be listed on the ISP RDS if there was active pursuit of the resource. If the consumer's goals and consequently the resource needs changed, then complete the box, "resource no longer needed" and add new resources as appropriate.

Reminder: The resource data summary is tracking needs, not goals or action steps.

2. How do I decide if a resource should be entered?

If a Consumer identifies that they want a particular resource, and the two of you have agreed to work on getting that resource, then it should be on the treatment plan, and it should be entered into the resource data summary.

3. For the address, there is no direction to use guardians address vs. client's address if they have a guardian.

Please note that the instructions for contact information (item 7) require the use of the guardian information.

4. What do you do for the address if the person is homeless?

In 7a you write Homeless and leave the rest of the address blank.

5. How do I distinguish if the resource is a service need or a financial need?

If the issue is how to pay for a resource, (Example, money to pay for glasses), it should be listed under Financial (Category), Other (subcategory).

If the purpose is to locate and refer a Consumer for that service (Example, a referral to an Optometrist), it should be listed under:

Health Care Services (Category), Eye Care Services (subcategory)

.....and yes, depending upon the situation, it might need to be entered in both!!!!

6. How does a provider close out open resource needs when a client leaves the agency?

The provider will check “4d. Person with ISP left CSS”. The DHHS computer system will automatically close out the identified resource needs with the agency closing the services, and track how the resource needs are picked up by a receiving agency, or not.

7. What responsibility does the new provider have in capturing previous resource needs when a client moves from one agency to another?

The receiving agency should request a copy of the ISP from the previous agency and review any resource needs with the consumer.

8. What about clients that move to a different program within the agency - how is the resource date listed? If that need is open and the need wasn't yet met, how is that date listed? The resource list would continue to be tracked within the agency using the date the resource need was initially identified. If the new program, for example switching from ICI to ACT, identifies or changes resource needs, then they would be added to the ISP RDS or checked as not longer needed. The new csw essentially inherits the previous ISP RDS and would make any changes to it for the next 90 review filing.

Rule of thumb:

- **If a Consumer is switching from one case manager to another within the agency and the treatment plan is left open than the *data resource summary is left open.***
- **If a Consumer is switching levels of service within your agency and the treatment plan is left open than the *data resource summary is left open.***
- **If the Consumer is switching levels of service within your agency and the treatment plan is closed, than the *data resource summary is closed.***
- **If the Consumer is switching from one agency to another, the treatment plan is closed, and the *data resource summary is closed.***

9. Appendix D –Housing Resources: Supported Apartments definition.. Should this include supports within the apartments?

10. Where would Lakeview go under Housing Resources?

Lakeview is a residential treatment facility.

11. Would an eating disorder be considered in section 14a Mental Health Services or under 14 d. Substance Abuse Services?

Eating Disorders would fall under 14a Mental Health Services, based on the

classification used by the DSM. Substance Abuse relates to the abuse of a drug, chemical or toxin.

Questions about entering information into e-net-ME:

1. Will the CSW need to type all the information each 90 days for each update?

The ISP/RDSS in eNET-ME will be versioned (copied) each update and only new information or changes will be entered.

2. Who can the provider contact if they need assistance with technology problems in either e-NET ME or batch submission?

Please email any questions to dhhs.techsupport@maine.gov . Questions for Adult Mental Health Services will be tracked and appropriately directed.

3. Who can the provider contact if they have questions about the content of the ISP RDS?

Please email any questions to dhhs.techsupport@maine.gov .

4. What is the time interval for batch submissions to DHHS? For eNET-ME?

Batch and e-NET ME submissions should be done at least weekly, if not more frequently.

5. How many agencies are using batch submissions?

As of the beginning of February, five agencies are planning on batch submission.

6. When will agencies have the ability to run their own reports to include forecasting due dates for ISPs?

Agencies will be able to begin running their own reports by May 2006.

7. What is the link to the website for eNET-ME and / or Batch submissions?

<http://www.maine.gov/dhhs/bds/enet-me/index.html>

This site also has other useful information including the instruction manuals for both Enrollment and ISP RDS and the tables needed to set up your batch file formats.

